								_			
Ą	Ć	ORD [®] CERT	TIFIC	ATE OF LIA	BIL	ITY IN	SURA	NCE	DATE	(MM/DD/YYYY)	
		CERTIFICATE IS ISSUED AS A I									
		TIFICATE DOES NOT AFFIRMATI									
		OW. THIS CERTIFICATE OF INS			TE A (CONTRACT	BETWEEN 1	THE ISSUING INSURER	(S), A	UTHORIZED	
		RESENTATIVE OR PRODUCER, AN			aliavia	a) must ha a	ndered If			ubio of to	
		DRTANT: If the certificate holder is erms and conditions of the policy,									
		ficate holder in lieu of such endors									
PRO	DUC	ER	•	•	CONTA						
	MHBT Inc.					PHONE (A/C, No, Ext):972-770-1600 FAX (A/C, No):972-770-1699					
8144 Walnut Hill Lane, 16th Fl Dallas TX 75231					E-MAIL ADDRESS:					0.000	
Dan	as	1×75251					SURER(S) AFFO	RDING COVERAGE		NAIC #	
					INSURE	R A :Old Rep	ublic Insura	ince Co.		24147	
INSURED Boy Scouts of America, National Council and all of its affiliates and						INSURER B :					
subsidiaries including:					INSURER C :						
					INSURER D :						
-					INSURER E :						
1:			INSURER F :								
СО	VEF	RAGES CER	TIFICAT	E NUMBER: 902318861				REVISION NUMBER:			
		IS TO CERTIFY THAT THE POLICIES									
		CATED. NOTWITHSTANDING ANY REC FIFICATE MAY BE ISSUED OR MAY PE						OCUMENT WITH RESPEC D HEREIN IS SUBJECT TO			
		USIONS AND CONDITIONS OF SUCH									
INSR LTR		TYPE OF INSURANCE	ADDL SUB			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
A	1	ENERAL LIABILITY		MWZY309927		3/1/2017	3/1/2018	EACH OCCURRENCE	\$1,000	.000	
	х	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$,	
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
								GENERAL AGGREGATE	\$		
	GE	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$		
	X								\$		
	AU	JTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO						BODILY INJURY (Per person)	\$		
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
									\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION \$							\$		
								WC STATU- TORY LIMITS ER			
	AN		N/A					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	lf y DE	ves, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attac	h ACORD 101, Additional Remarks	Schedule	, if more space is	s required)				
Cer	tific	ate holder is named as an addition	onal insu	ured by virtue of a writter	n or ora	al contract or	r by the issu	ance/existence of a pe	ermit o	r .	
cert	ifica	ate of insurance but only with res	pect to o	operations by or on beha	ulf of th	e Insured, o	r to facilities	of, or facilities used by	y the Ir	nsured	
anu	and then only for the limits of liability specified in such contract for the event specified herein.										
CE	RTI	FICATE HOLDER	CANCELLATION								
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
						ACCORDANCE WITH THE POLICY PROVISIONS.					
1											
1			AUTHORIZED REPRESENTATIVE								
1						Parle 3-					
1					at and a set						

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